

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Dennis S. Fernandez

Serial No.: 10/646,682

Filed: 08/22/2003

For: Integrated Biosensor and Simulation Systems for Diagnosis and Therapy

Confirmation No. 1019

Attorney Docket No. FERN-P013

Examiner: Eric S. Dejong

Art Unit: 1631

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

ATTN: Mail Stop Amendment

SUPPLEMENTAL AMENDMENT TRANSMITTAL LETTER

Dear Sir:

1. **TRANSMITTED DOCUMENTS:** the following documents relating to the above-identified patent application are being transmitted herewith.

- ☒ a. An Amendment for this application: 7 pages.
☐ b. Substituted Drawings: sheets.
☐ c. A Petition For Extension of Time For Response under 37 CFR 1.136(a) incorporated herein.
☐ d. An Information Disclosure Statement under 37 CFR 1.97(b) 1.97(c)
☐ e. \$ to cover required fees of this correspondence.

2. **APPLICANT FILING STATUS:**

- ☐ a. Applicant is a Large Entity.
☒ b. Applicant is a Small Entity.

3. **EXTENSION OF TIME:**

- ☐ a. Applicant petitions for an extension of time under 37 C.F. R. 1.136 for the total number of months checked below (fees pursuant to 37 C.F.R. 1.17(a)-(d)).

<u>Extension of Time</u>	<u>Large Entity Fee</u>	<u>Small Entity Fee</u>
i. One (1) month .	<u> </u> \$ 120.00	<u> </u> \$ 60.00
ii. Two (2) month .	<u> </u> \$ 450.00	<u> </u> \$ 225.00
iii. Three (3) month .	<u> </u> \$ 1,020.00	<u> </u> \$ 510.00

Extension Time Fee Total: \$

- ☒ b. Applicant believes that no extension of time is required. However, this conditional petition is being made in case Applicant has inadvertently overlooked the need for a petition for extension of time, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482.**

4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	19	- 20 =	0	x \$ 50.00 Large Entity x \$ 25.00 Small Entity	\$0.00
b. Independent Claims	2	- 3 =	0	x \$200.00 Large Entity x \$100.00 Small Entity	\$0.00
c. Multiple Dependent Claims Added By This Amendment				x 360.00 Large Entity x 180.00 Small Entity	\$0.00
d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a.					\$0.00
e. Additional Fees Required With This Correspondence i) 1.17 (p) Fee for Information Disclosure under 1.97(c)					\$0.00
f. Total Fees					\$0.00

5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

____ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

____ \$ _____ for the above specified Total Fee is transmitted. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

X Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

Please direct all correspondence concerning the above-identified application to the following address:

CUSTOMER NO: 22877

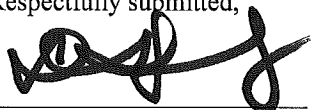
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Respectfully submitted,



Dennis S. Fernandez, ESQ.
Registration No. 34,160

7/10/08
Date